

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/057,500
	Filing Date	01/25/2002
	First Named Inventor	Helge Altfeld
	Art Unit	2171
	Confirmation No.	4344
	Attorney Docket Number	13292-0008001

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 26161

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input checked="" type="checkbox"/> 10.40(c)(6) Please explain below: | |

The owner of this patent, Qimonda AG, is in insolvency proceedings in Germany. Our firm has not been engaged by the trustee in bankruptcy and is not guaranteed payment for future services. We have advised Qimonda AG that our firm will be withdrawing from representation, and there are no deadlines occurring within 30 days of this filing.

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number:
OR

B. ☒ Inventor or
Assignee name Qimonda AG i. IN.

Address Patent Administration, PO BOX 83 07 07

City Munich State Zip 81707 Country GERMANY

Telephone 49 89 60088-3949 Email qimonda.patent-administration@qimonda.com

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /Paul Pysher/

Name Paul A. Pysher Registration No. 40,780

Address FISH & RICHARDSON, P.C., PO BOX 1022

City Minneapolis State MN Zip 55440 Country US

Date December 4, 2009 Telephone No. 617-542-5070

NOTE: **Withdrawal is effective when approved rather than when received.**